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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Robert J. Baran, Esq.(T2-7H) ALLERGAN, INC. Legal Department 2525 Dupont Drive Bonnie Ferguson Irvine, CA 92612 (Signature) (Date FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. 10/672,499 09/26/2003 17437CON2 (AP) TITLE OF INVENTION: EP4 AGONISTS AS AGENTS FOR LOWERING INTRAOCULAR PRESSURE APPLN, TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE \$1400 \$300 \$1700 07/07/2005 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** FAY, ZOHREH A 1618 £ 514-530000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Robert J. Baran (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, 2 Martin A. Voet (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer <u>Stephen</u> Donovan listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUN 96/497/2005 FFANAIA3 00000041 010885 10672499 (A) NAME OF ASSIGNEE 1400.00 DA 01 FC:1501 Allergan, Inc. USA, Irvine, California 300.00 DA 02 FC:1504 03 FC:8001 30.00 DA ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): X Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0885 (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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